	Form 5500-SF Short Form Annual Return/Report of Small Emplo					OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service         Deficit Fiall           Department of Labor Employee Benefits Security Administration         This form is required to be filed under sections 104 and 4065 of the Employ Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).						2012					
						This Form is Open to Public					
Pensic	on Benefit Guaranty Corporation	)-SF.	Inspection								
Part I         Annual Report Identification Information           For calendar plan year 2012 or fiscal plan year beginning         01/01/2012         and ending         12/31/2012											
For cale	endar plan year 2012 or fisca	× · · · ·			2/31/2						
A This	return/report is for:		multiple-employer pla	an (not multiemployer)		a one-participant plan					
<b>B</b> This	B This return/report is:										
		/report (less than 12 mc	months)								
C Che	ck box if filing under:	X Form 5558	utomatic extension		DFVC program						
		special extension (enter description)									
Part	II Basic Plan Inform	mation—enter all requested information	on		0						
	me of plan				1b	Three-digit					
MILLENN	IIUM ANESTHESIA, P.A. 40	01(K) PROFIT SHARING PLAN				plan number (PN) ▶ 001					
					1c	Effective date of plan					
						01/01/2005					
	n sponsor's name and addr NIUM ANESTHESIA, P.A.	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 65-0983239					
2120 NW	/ 107TH TERRACE				2c	Sponsor's telephone number 954-741-0636					
	E, FL 33322				2d	Business code (see instructions) 621111					
<b>3a</b> Pla	n administrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	<b>b</b> Administrator's EIN					
					_	Administrator's telephone number					
na		plan sponsor has changed since the last per from the last return/report.	t return/report filed fo	r this plan, enter the	4b 4c	EIN					
· · · · · ·		the beginning of the plan year			5a 2						
_		the end of the plan year		-	5b	19					
		count balances as of the end of the plan			55						
					5c	19					
<b>6a</b> w	ere all of the plan's assets d	during the plan year invested in eligible a	assets? (See instruct	ions.)		X Yes No					
		ne annual examination and report of an See instructions on waiver eligibility and				X Yes 🗌 No					
lf y	you answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF a	and must instead use	Form	5500.					
Cautior	n: A penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	se is	established.					
SB or S		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a stee.									
SIGN	Filed with authorized/va	lid electronic signature.	08/02/2013	GARY HINDIN							
HERE	Signature of plan administrator         Date         Enter name of individu					gning as plan administrator					
SIGN											
HERE	Signature of employe	er/plan sponsor	lual signing as employer or plan sponsor								
Prepare		me, if applicable) and address; include r	Date room or suite number			parer's telephone number (optional)					
				-							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Par	rt III Financial Information							
7 Plan Assets and Liabilities			(a) Beginning of Yea				(b) End of Year	
a Total plan assets			. <b>7a</b> 171561				1691821	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	171561		1691821			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
а	Contributions received or receivable from:			~				
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0	_			
	(3) Others (including rollovers)	8a(3)	0					
	Other income (loss)	8b	19493	2	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_		194932	
	to provide benefits)	8d	21552	3				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	320	0				
	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					218723	
i	Net income (loss) (subtract line 8h from line 8c)	8i					-23791	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
Part								
10	During the plan year:				Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corre	ction Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		200000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	,				x		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefi	its under the plan? (See	10e	x		6028	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10q		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		x		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i		x		
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Code	e or se	ection :	302 of I	ERISA? Yes 🗙 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortized	d in this plan year, see instrue		, and e	enter th Day	e date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	1 5500), and skip to line 13.					
	Enter the minimum required contribution for this plan year				1	12b		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No				
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were of the	control		Yes X No				
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_				
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

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Form 5500-SF	Small Employ	/ee	OMB Nos. 1210-0110 1210-008		
Department of the Treasury Internet Revenue Service	This form is required to b	Benefit Plan e filed under sections 104 and	4065 of the Employed	ă (	2012
Department of Labor Employee Benefits Security Administration	ins 6057(b) and 6058 e).	(a) of	This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation		ccordance with the instructio	ins to the Form 5500	)-SF.	
For calendar plan year 2012 or fis	Identification Information	01701/2012	and ending	12	/31/2012
A. This return/report is for:	🕅 a single-employer plan:	a multiple-employer plan			one-participant plan
B. This return/report is:	T the first return/report	the final return/report	nen seiten var het in den seiten stellen seiten einen seiten seiten seiten seiten seiten seiten seiten seiten s	5	n an ann an an Airlineachan agus an Air an an Airline an Airline an Airline an Airline an Airline ann a' Airlin
Las senio normenogonicano	an amended return/report	a short plan year return/re	port (less than 12 mg	onths)	
C Check box if filing under:	X Form 5558	automatic extension	a mata na miningkatang kanangkatang kanan		FVC program
NY: NATOORANON II MITTO AMARKA	special extension (enter desc	kind, a same internet a second to be a		Leil 1	(2) A. Andrewsky, March 4 (2012).
Part II Basic Plan Infor	mation—enter all requested in			<del>a an an a</del>	
1a Name of plan				15 The	
A set of the set of	ssia, P.A. 401(k) Pr	ofit Sharing		plar 7PN	number Nori 001.
Plan	400 U U				ctive date of plan
					/01/2005
28 Plan sponsor's name and add Millonnium Anesthe		ber (employer, if for a slogle-em	ployer plan)		bloyer <b>identification Number</b> 1) 65~0983239
					nsof's telephone num <b>ber</b> (4), 741-0636
and an international and an international states in the second second second second second second second second	2008)	server . And	3322.		iness code (see instru <b>ctions)</b> 111
2120 NW 107th Terr	and a second the second s	statistic fills FIL St	Della Contractionation and the second	and the second s	
	d address: XSame as Plan Spon	and the second	a state of the second	<u>}</u>	inistrator's EIN inistrator's telephone number
Sunt ise 3a Pian administrator's name and 4 If the name and/or Ein of the	plan sponsor has changed since	isor Námer ∐Sameias Plan Sr	ponsor <b>Address</b> .	<u>}</u>	inistrator's telephone number
Sunrise 3a Plan administrator's name and 4 If the name and/or EIN of the name, EIN, and the plan num	ματρά. 	isor Námer ∐Sameias Plan Sr	ponsor <b>Address</b> .	36 Adn	inistrator's telephone number
Sumrise 3a Plan administrator's name and 4 If the name and/or EIN of the name, EIN, and the plan non a Sponsor's name	plan sponsor has changed since	isor Name []Same as Plan Sr Sine last return report filed for t	ponsor Address. his plan, enter the	36 Adn 4b Ein	inistrator's telephone number
Sumrise 3a Plan administrator's name and 4 If the name and/or EiN of the name, EIN, and the plan nom a Sponsor's name 5a Total number of participants i	plan sponsor has changed since ober from the last return/report.	isor Name []Same as Plan Sj sihe last refumiteport filed for t	ponsor Address his plan, enter the	3c Adn 4b Ein 4c PN 5a	inistrator's telephone number
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Sun r i se 3a Pian administrator's name and 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants i b Total number of participants i c Number of participants with a complete this item)	plan sponsor has changed since nber from the last return/report. at the beginning of the plan year at the end of the plan year account belances as of the end of	isor Name []Same as Plan Sr Filte last return report filed for t The plan year (defined benefit )	ponsor Address his plan, enter the plans do not	3¢ Adn 4b EIN 4c PN 5a 5b 5c	inistrator's telephone number 2 1 1
<ul> <li>Sunrise</li> <li>Ba Plan administrator's name and</li> <li>If the name and/or EIN of the name, EIN, and the plan nume, EIN, and the plan nume</li> <li>Sponsor's name</li> <li>Total number of participants is</li> <li>Total number of participants with a complete this item)</li> <li>Were all of the plan's assets</li> <li>Are you claiming a waiver of under 29 CFR 2520 104-467</li> </ul>	plan sponsor has changed since ober from the last return/report. at the beginning of the plan year at the end of the plan year	isor Name []Same as Plan Sr the last return report filed for th the plan year (defined benefit ) eligible assets? (See Instruction of of an Independent qualified p billy and conditions ).	ponsor Address his plan, enter the plans do not plans do not	36 Adn 4b EIN 4c PN 5a 5b 5c	vinistrator's telephone number 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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Sumrise         3a Plan administrator's name and         4 If the name and/or EiN of the name, EIN, and the plan num         5a Total number of participants i         b Total number of participants i         c Number of participants with a complete this item)         5a Were all of the plan's assets         b Are you claiming a waiver of under 29 CFR 2520, 104-467         if you answered "No" to ell         Caution: A penalty for the late of under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp         SIGN HERE         Signature of plan ad	plen sponsor has changed since nber from the last return/report. at the beginning of the plan year, at the end of the plan year account belances as of the end of during the plan year invested in i the annual examination and repo (See instructions on valver eligit ther line 5a or line 5b, the plan or incomplete filing of this return her penalties set forth in the instru- d signed by as enrolled actuary, plate.	Isor Name Same as Plan Sp sor Name State Space S	ponsor Address his plan, enter the plans do not plans do not dimust Instead use less reasonable cau amined this return/report, arry Rindin	3¢ Adn 4b, EIN 4c PN 5a 5b 5c 7A) Form 550 se is esta ort, includ, and to the	inistrator's telephone number 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Summission         3a       Plan administrator's name and         4       If the name and/or EIN of the name, EIN, and the plan nume, EIN, and the plan nume         5a       Total number of participants of participants with a complete this item)         5a       Were all of the plan's assets         b       Are you claiming a waiver of under 29 CFR 2520,104.467         dif you answered "No" to ell         Caution: A penalty for the late of under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp         SIGN HERE       Signature of plan ad start	plan sponsor has changed since nber from the last return/report. at the beginning of the plan year, at the end of the plan year account belances as of the end of during the plan year invested in a the annual examination and repo (See instructions on waiver eligit ther line 6a or line 6b, the plan or incomplete filing of this return ret penalties set forth in the instru- ner penalties set forth in the instru- ner penalties set forth in the instru- dister.	Isor Name []Same as Plan Sr sine last returnineport filed for th Plan year (defined benefit ) eligible assets? (See Instruction of of an Independent qualified p bility and conditions.) cannot use Form 5500-SF and m/report will be assessed uni octors. I declare that I have exa as well as the electronic version 21/2/3 Sr	ponsor Address his plan; enter the plans do not plans do not dimust instead use less reasonable cau amined this return/report, arry Himdin inter name of individe	3¢ Adn 4b EIN 4c PN 5a 5b 5c 5c PA) Form 550 se is esta ort, includ and to the relisioning	inistrator's telephone number
Sumrise         3a Plan administrator's name and         4 If the name and/or EiN of the name, EIN, and the plan num         5a Total number of participants i         b Total number of participants i         c Number of participants with a complete this item)         5a Were all of the plan's assets         b Are you claiming a waiver of under 29 CFR 2520, 104-467         if you answered "No" to ell         Caution: A penalty for the late of under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp         SIGN HERE         Signature of plan ad Signature of employ	plan sponsor has changed since nber from the last return/report. at the beginning of the plan year account balances as of the end of during the plan year invested in i the annual examination and report (See instructions on valver eligit ther line 6a or line 6b, the plan or incomplete filing of this return ier penalties set forth. In the instru d signed by an enrolled actuary, plete.	Isor Name []Same as Plan Sr sine last return/report filed for th Plan year (defined benefit ) eligible assets? (See instruction at of an independent qualified p bility and conditions.) cannot use Form 5500-SF and m/report will be assessed uni ctions. I declare that I have exa as well as the electronic version $\frac{S/2/3}{Date}$ is Date in E	ponsor Address his plan; enter the plans do not plans do not dimust Instead use less reasonable cau amined this return/report, ary Rindin, Enter name of Individu	3¢ Adn 4b EIN 4c PN 5a 5b 5c 7A) Form 550 se is esta ort, includ cand to the ral signing	inistrator's telephone number 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2
Sun r i se 3a Plan administrator's name and 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants b Total number of participants b Total number of participants c Number of participants with a complete this item) 5a Ware all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520 104-467 If you answered "No" to ell Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp SIGN HERE Signature of plan ac	plan sponsor has changed since nber from the last return/report. at the beginning of the plan year account balances as of the end of during the plan year invested in i the annual examination and report (See instructions on valver eligit ther line 6a or line 6b, the plan or incomplete filing of this return ier penalties set forth. In the instru d signed by an enrolled actuary, plete.	Isor Name []Same as Plan Sr sine last return/report filed for th Plan year (defined benefit ) eligible assets? (See instruction at of an independent qualified p bility and conditions.) cannot use Form 5500-SF and m/report will be assessed uni ctions. I declare that I have exa as well as the electronic version $\frac{S/2/3}{Date}$ is Date in E	ponsor Address his plan; enter the plans do not plans do not dimust Instead use less reasonable cau amined this return/report, ary Rindin, Enter name of Individu	3¢ Adn 4b EIN 4c PN 5a 5b 5c 7A) Form 550 se is esta ort, includ cand to the ral signing	inistrator's telephone number

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	17		(b) End of Year			
a Total plan assets	7a	1,715,612			1,691,821			
b Total plan liabliities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	1,715,612			1,691,821			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:	8a(1)			0				
(1) Employers				0		in an		
(2) Participants	8a(2)				रतेत् विहे दन्द			
(3) Others (including rollovers)	88(3)	10	1 07					
b Other income (loss)	<u>8b</u>	194,932			194,932			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>					te dina di la se		
d Benefits pald (including direct rollovers and insurance premiums to provide benefits)	8d	21	5,52	3				
e Certain deemed and/or corrective distributions (see instructions)	- 8e							
f Administrative service providers (salaries, fees, commissions)	8f		3,20			in the second		
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	in alternation which the				218,723		
i Net income (loss) (subtract line 8h from line 8c)	81					(23,791)		
J Transfers to (from) the plan (see instructions)	8]				N. CA			
Part IV Plan Characteristics								
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare for the applicable welfare for</li></ul>								
Part V Compliance Questions				10	T			
10 During the plan year:	41 610.1			Yes	No	Amount		
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)	uciary Cor	n the time pence described in rection Program)	10a		х			
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
C Was the plan covered by a fidelity bond?		******	10c	х		200,000		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	ond, that was caused by fraud	10d		x			
e Were any fees or commissions paid to any brokers, agents, or old insurance service or other organization that provides some or all instructions.)	her persor of the ben	ns by an insurance carrier, refits under the plan? (See	10e	x		6,028		
f Has the plan failed to provide any benefit when due under the pla	un?	*************	10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		x			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See Instr	uctions and 29 CFR	10g		x			
I If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	101		x			
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a Enter the amount from Schedule SB line 39				·····	11a			
12 Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No		
(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
a If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru		, and (	enter ti Day			
If you completed line 12a, complete lines 3, 9, and 10 of Schedul								
b Enter the minimum required contribution for this plan year					125			

Form 5500-SF 2012

	40	1	
C Enter the amount contributed by the employer to the plan for this plan year	12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part VII Plan Terminations and Transfers of Assets			
13a Has a resolution to terminate the plan been adopted in any plan year?	$\Box$	res X	No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the construction of the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	2		
13c(1) Name of plan(s): 13	c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			1

14a Name of trust
14b Trust's EIN